

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

BEERRA CORPORATION
P9600000100381

Principal Place of Business Mailing Address
7024 SW 87 AVE
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc			65-0713 994	Not
22. City & State	27. City & State			5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Ar Fee Rec
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 Added to
24. Country	29. Country			8. This corporation owes or has paid the current year Int'l Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEERRA OSVALDO 7024 SW 87 AVE MIAMI FL 33173							
81. Name				81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				83. City			
84. State	FL			84. State			
85. Zip				85. Zip			

11. Pursuant to the provisions of Sections 607.0302 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
12.1 NAME	BEERRA OSVALDO	12.2 DATE	
12.3 STREET ADDRESS	7024 SW 87 AVE, MIAMI FL 33173	12.4 CITY, STATE, ZIP	
12.5 CITY, STATE, ZIP		12.6 DATE	
12.7 NAME	BEERRA, LUIS A	12.8 DATE	
12.9 STREET ADDRESS	7024 SW 87 AVE	12.10 CITY, STATE, ZIP	
12.11 CITY, STATE, ZIP	MIAMI, FL 33173	12.12 DATE	
12.13 NAME		12.14 DATE	
12.15 STREET ADDRESS		12.16 CITY, STATE, ZIP	
12.17 CITY, STATE, ZIP		12.18 DATE	
12.19 NAME		12.20 DATE	
12.21 STREET ADDRESS		12.22 CITY, STATE, ZIP	
12.23 CITY, STATE, ZIP		12.24 DATE	
12.25 NAME		12.26 DATE	
12.27 STREET ADDRESS		12.28 CITY, STATE, ZIP	
12.29 CITY, STATE, ZIP		12.30 DATE	
12.31 NAME		12.32 DATE	
12.33 STREET ADDRESS		12.34 CITY, STATE, ZIP	
12.35 CITY, STATE, ZIP		12.36 DATE	
12.37 NAME		12.38 DATE	
12.39 STREET ADDRESS		12.40 CITY, STATE, ZIP	
12.41 CITY, STATE, ZIP		12.42 DATE	
12.43 NAME		12.44 DATE	
12.45 STREET ADDRESS		12.46 CITY, STATE, ZIP	
12.47 CITY, STATE, ZIP		12.48 DATE	
12.49 NAME		12.50 DATE	
12.51 STREET ADDRESS		12.52 CITY, STATE, ZIP	
12.53 CITY, STATE, ZIP		12.54 DATE	
12.55 NAME		12.56 DATE	
12.57 STREET ADDRESS		12.58 CITY, STATE, ZIP	
12.59 CITY, STATE, ZIP		12.60 DATE	
12.61 NAME		12.62 DATE	
12.63 STREET ADDRESS		12.64 CITY, STATE, ZIP	
12.65 CITY, STATE, ZIP		12.66 DATE	
12.67 NAME		12.68 DATE	
12.69 STREET ADDRESS		12.70 CITY, STATE, ZIP	
12.71 CITY, STATE, ZIP		12.72 DATE	
12.73 NAME		12.74 DATE	
12.75 STREET ADDRESS		12.76 CITY, STATE, ZIP	
12.77 CITY, STATE, ZIP		12.78 DATE	
12.79 NAME		12.80 DATE	
12.81 STREET ADDRESS		12.82 CITY, STATE, ZIP	
12.83 CITY, STATE, ZIP		12.84 DATE	
12.85 NAME		12.86 DATE	
12.87 STREET ADDRESS		12.88 CITY, STATE, ZIP	
12.89 CITY, STATE, ZIP		12.90 DATE	
12.91 NAME		12.92 DATE	
12.93 STREET ADDRESS		12.94 CITY, STATE, ZIP	
12.95 CITY, STATE, ZIP		12.96 DATE	
12.97 NAME		12.98 DATE	
12.99 STREET ADDRESS		12.100 CITY, STATE, ZIP	
12.101 CITY, STATE, ZIP		12.102 DATE	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath called on this by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name has not been changed, or our firm's name changed, or our firm's address changed, or our firm's address changed, or our firm's address changed.

SIGNATURE: [Signature] DATE: 4-29-98 271-6922